PLEASE READ ALL INSTRUCTIONS BEFORE COMF								
APPLICATION FLORED PARTNER OF STATE								
FOR Socretary Sec					FILED			
REINSTATEMENT					Mar 23 2000 8:00 am			
DOCUMENT # P9700096753 1. Corporation Name					Secretary of State			
JULIO M. MELENDEZ, PROFESSIONAL ASSOCIATION								
							-	
Principal Place of Business Mailing Address						140 20711 20012 00121 00121 00122 00120 60210 021		
3381 ROSE STREET 3381 ROSE S SARASOTA FL 34239 SARASOTA F								
						116 TERIT 76ETT OUIST OUTT OBJIT BEIT ENTER 18170 BJIT		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
			ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/13/1997			
Suite, Apt. #, etc. Suite, Apt. #,					5. FEI Number Applied For			
City & State SARASOTA, FL SARAS			OTA, FL.		65-0790331 Not Applicable			
Zip Zip Zip Zip Zip Zip Zip Zip			Country		6. CERTIFICAT	RTIFICATE OF STATUS DESIRED Status		
		prida nonprofit corporations must list at leas		st 3 directors)				
Title(s)	Name of Officers tle(s) and/or Directors		Street Address of Eacl Officer and/or Director		City / State / Zip			
D	D MELENDEZ, JULIO M		3 3381 ROSE STREET		SARASOTA FL 34239			
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				. <u></u> ,,				
						****308.75 ****308.75		
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ł	8. Name and Address of Current) ant	9. Name and Address of New Registered Agent			t		
Name HERMI					IN PINTZOW			
KASS HODGES, P.A. Street Address (ROBERT M. PRETSCHNER 32-23					AN PINTZOW P.O. Box Number is Not Acceptable) N. LOCKWOOD RIDGE RD #198			
889 N. WASHINGTON BLVD							5	
SARASUTA FL 34238					ASOTA State Zip Code FI 34234			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Registered Agent 1600 Date 1600								
Signature of Registered Agent								
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees								
owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
ACOMMAN DE CONTRESS 1.1.1 GULTIT-GUL								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								
						ζ.	0082092 AF	

HAR him and

January 6, 2000 Florida Department of State: Application for Reinstatement:

3.00

Julio M. Melendez, Professional Association Document # P97000096753

To Whom It May Concern:

I would like to inform you that I did not receive my 1999 Corporation Annual Report Form for 1999.

Per our telephone conversation I had the following addresses in Sarasota during 1999.

3381 Rose Street2650 Wood Street6260 N. Lockwood Ridge Road2602 Pine Lake Terrace2034 Pine Terrace

The Notice of Administrative Dissolution was Addressed to "3381 Rose St. Sarasota, FL 34239". The Post Office put it in my Post Office Box, 49885, Sarasota, FL 34230-6885. (Copy Enclosed). My current Address is 2036 Pine Terrace, Sarasota, FL 34231, For the next 3 months. Please send mail to P.O. Box 49885, Sarasota, FL 34230-6885.

Also per telephone conversation I am requesting that you grant me a onetime waiver.

Enclosed find application for Reinstatement with changes along with a check in the amount of \$308.75, for:

150.00- 1999 fee 150.00- 2000 fee 8.75- Cert. Of Status, total \$308.75

Thank you, Julis M. Melendy